DOCUMENT RESUME

ED 178 114 JC 790 522

AUTHOR	Burkhead, E. Jane; And Others
TITLE	The Severely Handicapped Person: Approaches to Career Development. Working Paper No. 2.
INSTITUTION	Missouri Univ., Columbia.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	Jul 79
GRANT	OEG-00-78-1844
NOTE	35p.
AVAILABLE FROM	LCD Project, 16 Hill Hall, University of Missouri, Columbia, MO 65211 ($2.00)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Architectural Barriers; Community Education; Daily Living Skills; Definitions; Discriminatory Attitudes (Social); Environmental Influences; Failure Factors; Interpersonal Competence; Job Skills; Junior Colleges; *Labeling (of Persons); *Negative Attitudes; Psychological Patterns; Self Esteem; *Severely Handicapped; Stereotypes

ABSTRACT

Current research is cited in this exploration of the impact of environmental, attitudinal, and social-psychological factors on the career development potential of individuals with handicaps severely limiting to daily functioning. First, the words "disability" and "handicap" are defined, demonstrating that an individual may be handicapped by environmental factors, such as architectural barriers, or by social-psychological factors, such as stereotyping and the resultant lack of self-esteem, as well as by a physical or mental disability. The report then discusses the use of labels, the concept of "spread" (the misperception that the total person is impaired by a disability), and the psychological difficulties encountered by disabled persons confronting new situations in the face of public misunderstanding. It is noted that these factors reinforce negative attitudes, restrict disabled persons to minority-type sub-groups, and create a pattern of succumbing to, rather than coping with, disabilities. The next section discusses the failure of current training programs to provide instruction in all career development competencies, i.e., daily living and personal-social sskills, as well as occupational skills. Job stereotyping and the resultant elimination of self and career exploration are also discussed. The paper concludes with recommendations for an integrated program of career development to involve the entire community and instruction in all competencies. (JF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED178114

The Severely Handicapped Person: Approaches to Career Development

E. Jane Burkhead
Anne W. Domeck
Mary Ann Price

Lifelong Career Development Project

University of Missouri-Columbia

JC 790 522

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
E. Jane Burkhead, Mary Ann Price & Anne Domeck
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Working Paper No. 2

July 1979

THE SEVERELY HANDICAPPED PERSON: APPROACHES TO CAREER DEVELOPMENT

E. Jane Burkhead

Anne W. Domeck

Mary Ann Price

WORKING PAPER NO. 2
LIFELONG CAREER DEVELOPMENT PROJECT

Department of Counseling and Personnel Services
College of Education
University of Missouri-Columbia
Columbia, Missouri 65211

The University of Missouri is an Equal Opportunity Employer

This project is supported by Grant No. OEG-00-78-1844, U.S. Office of Education, Department of Health, Education and Welfare. The opinions expressed in this paper are those of the authors and do not necessarily express the policy or position of the Office of Education. No official endorsement by the Office of Education should be inferred.

Copyright 1979 © Board of Curators
University of Missouri
All rights reserved

TABLE OF CONTENTS

	Page
Foreword	ii
Project Staff and Advisory Committee Members	iv
Preface	v
Section	
I. Introduction	1
II. Definitions: Semantic Implications	3
III. Social-Psychological Aspects	6
IV. Career Development of the Severely Handicapped	12
V. Recommendations	20
References	25

FOREWORD

The University of Missouri-Columbia was awarded a three-year Research and Demonstration Grant from the U.S. Office of Education's Bureau of Education for the Handicapped (BEH) for the period September 1, 1978 - August 31, 1981, to design a Lifelong Career Development Model for Severely Handicapped Individuals. The project, entitled the "Lifelong Career Development (LCD) Project", is an offshoot of a previous BEH project (Project PRICE) which was conducted at this university from 1974-1977. The product results from Project PRICE are now available from the Council for Exceptional Children (CEC) in the form of two publications: Life-Centered Career Education: A Competency - Based Approach (1978) and Trainer's Guide for Life-Centered Career Education (1978).

The LCD Project focuses on the lifelong learning and guidance needs as they relate primarily to the 22 career development competencies identified from Project PRICE as those which are most critical for community functioning. Using the community college as a central coordinating agency, the project has the following objectives.

- To develop a conceptual career development prototype model that can be implemented at a community college to assure and coordinate continuous delivery of services to severely handicapped individuals throughout their lifetimes;
- To develop a staff development training program and materials to train various types of community personnel to provide lifelong career development services to severely handicapped individuals;
- To implement and field test the prototype staff development training to determine its applicability for community settings; and
- To implement and field test a comprehensive career development training program for severely handicapped individuals which will effectively meet their lifelong learning needs.

Seven major types of handicapping conditions are being considered in this project: orthopedic, visual, hearing, mental retardation, epilepsy, cerebral palsy, and multiply handicapped. The following Advisory Committees are giving input and direction: a National Advisory Committee, Community

College Advisory Committee, and a University of Missouri Advisory Committee. In addition, each of the three community colleges involved in the project have formed their own local community advising committees.

The project staff will produce a Trainer's Guide and Resource Guide to assist community college and participating agency personnel to design, implement, and conduct a comprehensive career development service for adults with handicaps. As currently planned, a team of professionals and handicapped persons will provide a number of services. These may include referral services to link handicapped persons with appropriate sources, educational or self-help advocacy, consultation with community college instructors or community agencies and employers, and a resource center containing information related to handicapping conditions and career development.

This working paper has been written to give the reader more insight into the problems encountered by individuals with severe handicaps. Further, this paper is intended to help professional workers and others gain a better understanding of the hurdles severely handicapped individuals face in pursuing lifelong career development.

Personal and professional insight into the ramifications of being handicapped are delineated by the three authors: Jane Burkhead, Graduate Assistant; Anne Domeck, Training Specialist; and Mary Ann Price, Project Associate. We hope you find it helpful to you in your work with persons with handicaps.

Following completion of the first draft of the LCD team training program and resource guide, the LCD team from each community college will be trained. The training is expected to occur in March, 1980 so that the lifelong career development model and materials can be field tested shortly thereafter. Interested readers can obtain more information about our project by writing directly to Anne Domeck, LCD Project Training Specialist.

223 South 5th Street
Columbia, MO 65211

Donn E. Brolin
Project Director

Project Staff - University of Missouri

Donn Brolin, Director
Malcolm Flanagan, Research Consultant
Anne Domeck, Training Specialist
JoAnn Schoepke, Research Associate
Mary Ann Price, Project Associate
Joyce Price, Secretary

Coordinators of Cooperating Community Colleges

Mr. Luverne Bierle, Iowa Central Community College, Fort Dodge, Iowa
Ms. Neva Williams, Brainerd Community College, Brainerd, Minnesota
Ms. Camby Gallagher, Meramec Community College, St. Louis, Missouri

Community College Advisors

Dr. Carl Larson, Assistant Superintendent for Curriculum & Instruction, Iowa Central Community College, Fort Dodge, Iowa

Dr. Curt Murton, President, Brainerd Community College, Brainerd, Minnesota

Dr. Michael Rooney, Director of Counseling, St. Louis Community College at Meramec, St. Louis, Missouri

Project Advisors - University of Missouri

Dr. Gary Fox, Higher and Adult Education
Mr. Gerald Hitzhusen, Recreation and Park Administration
Dr. Earl Moore, Counseling and Personnel Services

National Advisory Committee

Mr. Miles Beachboard, Director, Programs for the Disadvantaged & Handicapped, State Department of Education, Jefferson City, Missouri

Dr. Frank Bowe, Executive Director, American Coalition of Citizens with Disabilities, Washington, D.C.

Mr. Charles Freeman, Vending Facility Program Specialist, Rehabilitation Services Administration, Washington, D.C.

Dr. Robert Huskey, Assistant Superintendent for Speech & Language & Career Education, Special School District of St. Louis County, St. Louis, Missouri

Melville J. Appell, Project Officer
Bureau of Education for the Handicapped

PREFACE

The purpose of this paper is to explore the factors that impinge on the career development of individuals with handicaps. We wish to recognize the need for increased learning opportunities, awareness and flexible problem solving as means of improving the long range outlook for individuals with handicaps. In meeting these needs, cooperative efforts between society and the handicapped population are essential in order for persons with handicaps to be fully integrated into the community.

The avenues for change with respect to the career development of handicapped persons are varied and ever-growing. We have not attempted to represent every available alternative. Instead we wish to present an overview of factors which influence career development and a brief view of current approaches to improving career development opportunities for persons with severe handicaps.

In writing this paper, we have grappled with some of the very issues discussed in the paper with regard to choice of terminology. We have attempted to use the terms disabled and handicapped with consideration of their different meanings as defined in the paper. However, we have discovered that although definitions and examples may appear to provide clear delineation, actual choice of terms within the text is a difficult and challenging endeavor. We hope that our readers will use this paper as an opportunity to give thought to these same considerations and the special impact "semantics" have in shaping our concepts.

We wish to express our special thanks to Jodi Johnson for all of her feedback and guidance which helped us through some frustrating difficulties. Our thanks also go to Donn Brolin, Project Director, who gave us the time and "go ahead" to make changes. We also wish to express our appreciation to Brenda Eastin and Joyce Price who have waded through many handwritten pages to get this into final form.

AWD
MAP

I.

INTRODUCTION

When examining the social-psychological, environmental and attitudinal factors that affect the lives of individuals with severe handicaps, the impact of these factors on career development potential becomes evident. This paper explores the ideas and concepts important to an understanding of the career development of individuals with severe handicaps.

This paper will first examine the terms "disability", "handicap", and "severely handicapped" to promote clearer understanding of the meanings conveyed by these words and to introduce the part "semantics" play in formation of attitudes and problem solving approaches. Also explored will be social-psychological factors which influence the achievement of career development potential. These factors range from broad social issues including attitudes toward persons with handicaps, stereotyping and segregation to the considerations which operate at an individual level including psychological orientations and self-concepts of individuals with handicaps. The expansion of career development opportunities within society and the abilities of handicapped persons to utilize available opportunities are inextricably tied to these social-psychological factors.

Clear understanding of the scope of career development is an essential step in seeing handicapped persons' potentials for achievement. Career development concerns the whole person and involves much more than occupational or job-related facets. It encompasses the full range of life roles -- citizen, family-member, and consumer as well as worker. To achieve maximum career development potential, systematic progression through various life experiences is imperative. Without these systematic learning opportunities, persons with handicaps often fail to acquire daily living, personal-social, and occupational skills that are essential

for successful independent living. Because of environmental, attitudinal, social-psychological and physical factors, handicapped individual's progression through these experiences is often hindered. Programs mobilizing resources within the community, the educational system and the family are needed to overcome these inadequacies and insure that all severely handicapped individuals achieve their maximum potential in filling the array of life roles.

II.

Definitions: Semantic Implications

Defining concepts and terminology is an important first step in approaching a subject of this scope. Clarification of the terms "disability", "handicap" and "severely handicapped" is essential in promoting an understanding of career development issues of concern to severely handicapped persons. Although "disability" and "handicap" have sometimes been used interchangeably, distinction between the terms can and should be made. More than two decades ago, Hamilton (1950) differentiated between these terms when he defined disability as "a condition of impairment, physical or mental having an objective aspect than can be described by a physician" and handicap as the limitations of or obstacles to functioning that accompany the disability (p.17). Using the following example, Bowe (1978) further clarifies the difference between handicap and disability: A person who is blind is handicapped in watching a silent film but not while listening to a radio broadcast; the reverse is true for a deaf person. However, the handicaps can be removed by providing a soundtrack for the film and a printed script for the radio show. The individuals are still disabled but no longer handicapped. With recognition of the relationship between environmental factors and handicaps, the Rehabilitation Act, 1973, states that "a handicapping condition exists only when a person's disability interacts with environmental barriers to interfere with a desired activity or goal. Thus, environments as well as impairments can handicap a person" (Rehabilitation Needs and Alternatives, 1978).

Consequently, the designation of an individual as severely handicapped is a complex, somewhat subjective process. Although it is possible to identify specific medical conditions as severe, it does not automatically follow that an individual with one of these problems is severely handicapped. Based upon his personal experience with handicapped people, Morgan (1976) observes that some people who have severe disabilities, according to

Vocational Rehabilitation classifications, do not seem as handicapped as other individuals classified as having less serious disabilities. Interaction of the medical condition with environmental, social and psychological factors must be considered in determining severity of a handicap.

As used in this paper, the term handicapped implies the limitations may be due to psychological, social and/or environmental factors as well as the disorder itself. Disabled refers to individuals with a medical or intellectual impairment. A severely handicapped individual is one with a physical, emotional and/or intellectual disorder of a permanent nature which is severely limiting to daily functioning. These individuals generally require multiple services over an extended period of time.

The term "handicap", as defined above, encompasses a variety of variables. In understanding a particular individual's handicap, all the obstacles to maximum functioning must be examined. The perceived locus of cause for a problem is important in determining the solution to the problem (Wright, 1975). Often the obstacles resulting from psychological and social sources are more limiting to an individual than the actual physical or mental impairment. For example, a person without arms can function adequately and independently with the appropriate training and adaptive equipment. Problems may occur, however, when this person confronts societal expectations such as eating a certain way, dressing a certain way, or writing a certain way. If the disabled person sees his or her unique way of doing things as unacceptable in light of society's norms and does not continue to function to full potential, the ensuing severe handicap is primarily a result of social-psychological factors, not the actual physical disorder.

An individual with a handicap may appear to be unmotivated, withdrawn or highly anxious, a condition which may seem to be completely within the psyche of the individual and requiring effort geared at changing the person. Yet what may seem to be a psychological problem may actually stem from environmental influences. Barriers such as inaccessible transportation and buildings may be so overwhelming that the person sees no way to cope resulting in withdrawn behavior or seeming lack of motivation. Given this situation, rather than focusing solely on change within the individual, time and effort should also be devoted to altering conditions that can be changed. This may involve installing a ramp, providing adaptive equipment,

developing special transportation arrangements, modifying procedures on the job or in the classroom, or making concerted effort to diminish social and attitudinal barriers.

Identifying the source of the handicap as resulting from either the specific disability, social-psychological factors, or environmental factors, is crucial in helping the severely handicapped person become more functional. If the cause of a difficulty is perceived to be within a person, the solution lies in changing the person. If the cause of difficulty is perceived as being in the environment or in the interaction between the person and the environment, the solution will be sought in these areas. Describing an individual as architecturally handicapped focuses one's attention on a completely different set of variables than those involved in describing that same individual as physically handicapped. The former locates cause and solution within the environment (Bowe, 1978), while the latter locates cause and solution within the person. This paper examines both facets of the social-psychological factors which help to create handicapping conditions.

III.

Social-Psychological Aspects

Flanagan and Schoepke (1978) describe the severely handicapped population as encapsulated and isolated. This is sometimes an actual physical isolation but most often is psychological and social (Safilios-Rothschild, 1970). An understanding of the social-psychological barriers which block the handicapped person's full participation in life is the first step in elimination of these barriers. Understanding of the factors that influence the interaction between the disabled person and others is particularly important in this regard.

Two aspects of social-psychological factors will be explored. First society's attitudes and perceptions of handicapped individuals will be examined to highlight their potential impact on the social, psychological and vocational development of individuals with handicaps. Social factors such as labeling, stereotyping, and segregation will be discussed. Second, consideration will be given to handicapped individuals' attitudes or psychological perspectives as they relate to their abilities to deal with developmental tasks and daily living experiences. The effects of encountering psychologically new situations and the ramifications of an individual's psychological framework will also be considered.

Labeling and Spread

The power of "labeling" has received considerable attention recently in the social sciences (Scheff, 1975; Ullmann & Krasner, 1975). Researchers contend that labels serve to "explain" phenomenon which we do not understand as if attaching a name reduces ambiguity and makes responding to the phenomenon easier. Labels are powerful determiners of behaviors for both the labeled person and others (Ullmann & Krasner, 1975). The label focuses attention on one aspect of the person, on the aspect that is different from others so that the individual and those around him tend to respond in terms of that label. For example, an individual labeled mentally retarded may be limited only in certain abstract academic areas and be very

capable in other areas. However, because the label elicits certain reactions, people tend to respond to this person as being retarded in all situations. Not only do others respond in this way, but the individual may also respond according to the dictates of that label which influence self concept and self confidence. Ultimately, labeling has the effect of increasing the behavior that fits the label (Scheff, 1975; Ullmann & Krasner, 1975).

Wright (1960) recognized the importance of labels in her discussion of the negative impact of phrases such as "disabled person", "the disabled" or "the handicapped". These emphasize the person's disability implying that it is the most important characteristic. For example, the phrase "disabled person" implies that the total person is disabled. Wright recommends use of terminology which separated the physical or mental attribute from the total person. The phrase "person with a disability" is preferred, indicating that the disability is only one of many identifying characteristics of the total person. Although it may be awkward at times to use the preferred terminology, Wright's point is a valid one worthy of consideration. Linguists have long recognized that language shapes our perceptions of the world. It may well be that certain terminology reinforces the negative perception of disabled people as completely incapacitated and inadequate.

The concept of "spread" (Wright, 1960, 1975) is an important part of the labeling process and of viewing the person as wholly disabled. Spread refers to the misperception that the total person is impaired by a disability as if the disability spreads to other aspects or abilities of the person. Both persons with disabilities and others are subject to this misperception. Examples of this are numerous: people talk loudly to persons who are blind, as if they could not hear; people often talk to the nondisabled companions of people with obvious physical disabilities, as if they are not mentally capable of conversing.

An incident which happened to a visibly physically disabled rehabilitation counselor also illustrates this concept. The counselor accompanied one of her clients who was mentally retarded to a job interview. When the company personnel director greeted the counselor and client, he addressed the client by the counselor's name and discussed a previous phone contact. The client stared at him in bewilderment and confusion. As the

counselor explained that she was, in fact, the counselor, the personnel director turned red with embarrassment. Evidently, in this situation, once the fact of physical disability was perceived, the mental disability was assumed. The disability was seen as encompassing the whole person.

Labeling as it Relates to Stereotypes, Segregation and Stigma

Siller (1976) agrees that labeling tends to reinforce negative feelings and stereotypical reactions toward individuals with disabilities. Research (Jaffe, 1967; Rickard, Triandis, & Patterson, 1963) shows that when labels are not used, nondisabled people express fewer negative attitudes and attend to the extent of adequate functioning of each disabled person.

Morgan (1976) resists use of the term "severely handicapped" because of the stereotyping that frequently results:

> Words ... can have a deadening, stereotyping effect. To a significant degree we are struggling to overcome much more than the effects of severely handicapping conditions per se. We are faced with the much more elusive and insidious enemy of "labelitis." We must be extremely careful in our choice of words as we attempt to open doors of opportunity. We know full well that the population labeled severely handicapped can be rehabilitated; that is, if and when we can overcome a major barrier in the "deafness" and "blindness" of those who let labels immobilize any concept of such people being able to change, grow, and develop into productive wage earners. (pp. 41-42)

Labeling focuses on those characteristics of a person evaluated as negative, ignoring the more positive, coping features.

Labels, which can be based on any number of characteristics ranging from skin color to handicapping conditions, place people in groups whose members are assumed to possess similar characteristics. Although these people probably run the gamut of individual differences, these differences are obscured by this categorical membership.

It is generally agreed that the handicapped population can be viewed as a minority group, subject to the same restrictions as other minority groups including social segregation (McDaniel, 1969; Safilios-Rothschild, 1970; Wright, 1960). Although mainstreaming has made strides in abolishing segregation in public schools, many barriers remain. There are still separate schools, particularly for people with certain disabilities such as deafness or blindness. Perhaps most damaging for individuals with a

handicap are the subtle social pressures operating to encourage them to interact primarily with other handicapped persons. Goldin, Margolin, and Stotsky (1969) found that many people believe that this segregation is best and that disabled persons will find acceptance and happiness among their "own kind". Of 400 persons surveyed, one-half felt that disabled people are happiest with other disabled people.

A correlate of this segregation is the inferior or devalued social position of persons with handicaps (Safilios-Rothschild, 1970; Wright, 1960). Goffman (1963) states that individuals with handicaps are stigmatized because they possess some characteristic, a physical or mental impairment, evaluated as undesirable by societal norms. This stigmatization with its concomitant social rejection has a powerful impact upon the person (Moriarty, 1974). If persons with handicaps internalize societal norms, they face rejection of the self and feelings of shame and embarrassment.

An anecdote illustrates the expression of stigma. A 16-year-old woman, severely disabled by polio, in the process of enrolling in high school, encountered a staff person who was obviously uncomfortable in their interactions. At one point, the staff person offered to take some forms to another office for completion, saying, "You don't want to go to that office. There are always a lot of people there, and you don't want to walk in front of them." There is clearly a communication that, in some way, persons with disabilities are unacceptable and should feel embarrassed. If this young woman accepted this social evaluation, her self-esteem would be greatly diminished and she might limit her scope of activities to reduce contacts with people. Even if she does not accept this social evaluation, she has been shown that she is perceived as very different from and not as acceptable as others.

The effects of negative attitudes, segregation, and stereotyping on the disabled person's self-concept and behavior cannot be definitively stated but it is reasonable to assume that the potential effects are great. Based on his research, Scott (1969) boldly asserts that the attitudes and behaviors of blind people assumed to be a result of their physical condition are, in reality, role behaviors learned through the process of socialization. Expectations of the social role are communicated to blind persons in overt and covert ways. For example, if stereotyped behaviors

(rocking, rubbing one's eyes continuously, not attempting to focus, mumbling) are not corrected or eliminated from blind persons' behavior patterns, the social roles will be that of society's stereotypic understanding of blindness. When blind individuals behave in the expected ways, they are reinforced by others thereby learning their social roles.

Nondisabled persons' expectations, conveyed through the attitudes, stereotypes and stigmas previously discussed, are seen as shapers of the handicapped person's self-concept. Scott's (1969) postulations support the notion that these social factors are important in determining the handicapped person's psychological status.

Psychologically New Situations

Barriers to interaction and participation, however, are not created solely by society's attitudes and values. Some factors which lie within the individual and his or her approach to coping with the environment deserve consideration.

A factor which is possibly very influential in the behavior of disabled persons is the frequency of psychologically new situations (Wright, 1960). A psychologically new situation is one in which the means for achieving a desired goal are unknown; the situation is perceptually unclear, unstructured, and ambiguous; and there is a feeling of not being in control. The following situations are examples of commonly occurring new psychological situations:

1. Disabled persons are not sure they will be able to "manage" physically or mentally. For persons using wheelchairs, there is concern about accessibility of entrances. For persons who are mentally retarded, job applications may be too complex or difficult to read.
2. Disabled persons may be concerned about how others will receive them. Will everyone stare or will anyone speak to them?
3. Disabled persons may be unsure how their capabilities fit into what is available and needed in society.

These psychologically new situations elicit cautious behavior and even anxiety and insecurity to the extent that the situation is dangerous or

important (Wright, 1960). These emotional reactions are typically disruptive of productive behaviors, possibly even immobilizing the person. Given the likelihood that this kind of situation occurs more frequently in the lives of people with disabilities (Meyerson, 1955), it is not surprising that some have difficulty functioning in their various social roles. It is possible that this concept partially accounts for the restricted kind of life that many severely handicapped people live. Because of their emotional discomfort in psychologically new situations, they may restrict contacts with others and the environment, as a way of effectively reducing the number of psychologically new situations encountered and the accompanying feelings of insecurity and anxiety. Handicapped individuals may tend to feel more in control of the restricted environment.

Coping versus Succumbing

The kind of adjustment to disability discussed above can be examined within Wright's (1960, 1975) "coping" versus "succumbing" perspectives. These perspectives may be used to describe reactions of disabled persons themselves or reactions of others to persons with disabilities. Individuals with disabilities who are coping are concentrating on what they can do, recognizing difficulties but seeking solutions. In contrast, persons who are succumbing emphasize what they cannot do, seeing only the negative impact of the disability and not recognizing or pursuing possible solutions. Recognizing this pattern of responding and its concomitant handicapping effects is often an important first step toward positive change.

It is particularly important for professionals working with severely handicapped persons to remember that these frameworks can also operate in their own orientations toward handicapped persons or handicapping conditions. In certain instances, the helping professional may be responding in terms of the succumbing framework, seeing only liabilities, not assets. The professional must make a concentrated effort to work from the perspective of the coping framework, looking for creative, innovative solutions. The support and assistance from this external source is often necessary to mobilize the resources of the person with a severe handicap.

IV.

Career Development of the Severely Handicapped

Although research has not clearly delineated the relationship between being severely handicapped and career development, the potential negative impact of social-psychological and environmental barriers is evident. However, before considering the implications of severe handicaps for career development, the meaning of the term career development should be examined.

Career development is generally defined as a series of life stages through which the individual progresses. Within each stage are developmental tasks or skills which must be mastered to achieve adequate career development (Ginzberg, Ginsburg, Axelrad, & Herma, 1951; Super, 1957). These developmental tasks include developing and clarifying a positive self-concept, acquiring a sense of control over one's life, and obtaining knowledge of the world of work, alternative life styles, the career decision-making process, and application of management skills to life roles (Hansen & Tennyson, 1975).

The term "career", as used in the Lifelong Career Development Project, is defined in its broadest sense to include all life roles, not just the work role. It refers to one's role as a worker, learner, consumer, citizen, family member, and social-political being (Brolin, 1978; Gordon, 1973). Brolin's (1978) three-part career education model (Table 1) recognizes the crucial importance of these different areas of experience. According to this model, learning experiences are organized into three domains: daily living, personal-social, and occupational guidance and preparation. Within each of these domains are individual competencies which the learner must master to achieve levels of adequate functioning. Individual competencies include skills such as caring for personal needs, utilizing recreation and leisure time, getting around the community (mobility), achieving self-awareness, achieving good interpersonal skills, knowing and exploring occupational possibilities, and obtaining a specific occupational skill. Provision of these learning experiences in a systematic way ensures that the person with a severe disability has the opportunity to accomplish developmental tasks vital to adequate career development.

Table 1

Career Development Competencies[1]

Daily Living Skills include:

- Managing Family Finances
- Selecting, Managing and Maintaining a Home
- Caring for Personal Needs
- Raising Children, Enriching Family Living
- Buying and Preparing Food
- Buying and Caring for Clothing
- Engaging in Civic Activities
- Utilizing Recreation and Leisure
- Getting around the Community (Mobility)

Personal-Social Skills inlcude:

- Achieving Self Awareness
- Acquiring Self Confidence
- Achieving Socially Responsible Behavior
- Maintaining Good Interpersonal Skills
- Achieving Independence
- Achieving Problem Solving Skills
- Communicating Adequately with Others

Occupational Skills include:

- Knowing and Exploring Occupational Possibilities
- Selecting and Planning Occupational Choices
- Exhibiting Appropriate Work Habits and Behaviors
- Exhibiting Sufficient Physical-Manual Skills
- Obtaining a Specific Occupational Skill
- Seeking, Securing, and Maintaining Employment

---

[1]Brolin, D. E. (Ed.). Life centered career education: A competency based approach. Reston, Virginia: Council for Exceptional Children, 1978.

Lack of systematic exposure to these learning experiences can result in numerous adjustment problems. Research investigating specific aspects of life and community adjustment of persons with severe handicaps has shown that difficulties arise primarily in the areas of personal-social and daily living skills (self-management), rather than in vocational skills (Appell, 1977; Brolin, 1972; Sprafkin, Gershaw, & Goldstein, 1978; Wilkinson, 1975). Individuals may be successful at job-specific tasks but encounter difficulties in interpersonal relationships, structuring of free time, or in numerous other self-management areas, leading to failure in overall community adjustment. These people have not been adequately prepared to function in their various life roles of worker, learner, consumer, citizen, family member, and social-political being.

The following account poignantly illustrates the discrepancy that can exist between vocational adjustment and other independent functioning. A severely handicapped woman had maintained successful administrative employment for some fifteen years. However, having lived at home and received care from her parents for more than thirty years, she failed to develop functional independent daily living and person-social skills. When both parents suddenly became debilitated and could no longer care for her needs she was unable to care for herself adequately. She had never learned to bathe, dress herself, cook, shop, or perform any household chores. In addition, her parents had not encouraged her to make friends because they felt they could fill the roles of friends and companions. She had been adequately prepared to function in the life roles as learner and worker as evidenced by completing a graduate degree and earning more than $20,000 per year, yet she never developed the self-management coping skills needed to make a total life adjustment. These skills had to be learned painfully at an age when most adults are relatively comfortable in an independent living situation.

This account demonstrates the importance of providing training and experience in daily living and personal-social, as well as occupational skills, in order to achieve independent functioning.

Daily Living Skills

The importance of mastering daily living skills has been supported by the results of several studies (Schalock and Harper, 1978, Snell, 1979, Vogel, 1975) as well as by various accounts. In a recent study, Schalock and Harper (1978) evaluated the post-program success of 131 clients, ranging from normal to severely mentally retarded, who completed the Mid-Nebraska Adult Program. This program included instruction in the basics of self care, communication, preacademics, and independent living skills. It was found that one of the major reasons clients failed involved a need for more in independent living skills. Nearly 100% of the clients who were unable to succeed in rented homes or apartments had problems in managing their money, keeping the home clean and preparing meals. From these results, Snell (1979) concludes that the chronological age of 21 should not be regarded as the end of schooling for retarded individuals and that

> skills for success in vocational and independent living domains are distinctly different. Teaching one domain does not preempt the other. Most high school programs ignore or "under-teach" independent living skills to retarded students and it appears to be these skill omissions (budgeting, cooking, and household cleanliness) that later bring problems sufficient to necessitate costly residential dependence upon normal adults. (p. 54)

In a follow up study of former student-patients from a rehabilitation hospital, Vogel (1975) examined the characteristics of three groups: unemployed persons, students, and employed persons. As compared to the student and employed groups, those in the unemployed group: were more likely to be living at home with their parents, were less likely to be able to perform certain personal care tasks, were less mobile and participated less in social activities. In addition, participants in the study identified 11 experiences that they felt were important for a physically handicapped person to have in order to mature vocationally and socially. These included several experiences in the area of daily living skills such as having the opportunity to do household tasks such as making a bed and setting a table, and having the opportunity to have some experience of living on one's own.

In many instances, usual ways of learning daily living skills are not available to persons with severe handicaps because of the nature of

this disability. For example, a blind individual would not have the same opportunity as his sighted peers to learn daily living skills such as food preparation by watching his parents perform these activities. Since the learning that occurs through this form of modeling is not as readily available to the blind person, specific instruction in these skills is likely to be of particular importance for the blind individual. In addition, many parents or family members do not encourage their relatives to participate in household or personal care activities so that skills can be acquired. They may believe that it is easier to do these activities for the handicapped member of the family than to help them learn the skills, or they may fail to recognize his or her potential to learn such skills.

Personal-Social

Case studies and research findings also indicate the need for training in personal-social skills to enable handicapped individuals to function independently in the community. In the follow-up study by Vogel (1975) cited previously, former student-patients at a rehabilitation hospital identified several experiences in the personal social realm which they considered to be important in developing social and vocational maturity for persons with physical handicaps. These include the opportunity to associate with non-handicapped people of the same age, the opportunity to learn social graces, and the chance to talk to someone about a personal problem. In the follow-up study of Mid-Nebraska Adult Program participants, Schalock and Harper (1978) found that inappropriate social behavior was a major factor in handicapped individuals' failure to "make it" in the community.

The importance of learning socially appropriate behavior is also illustrated in Lotte Moise's (1975) account of the experiences she encountered in raising her mentally retarded child. In the booklet, "Will The Real Advocate for Retarded Persons Please Stand Up", Moise stresses the importance of expecting appropriate and responsible behavior from a child who is mentally retarded just as one would expect from any child. She clearly advocates allowing a retarded individual to take the necessary risks that are inevitable in learning appropriate and

and responsible behavior. About her daughter, she states "Of course, we worry that someone might hurt her feelings, cheat her when she shops, or take advantage of her trusting affection, but we also recognize that we cannot let our worry become her straightjacket, that we must not cheat her of her right to failure, as integral a component of growth as is success" (p. 30).

In a paper presented to the 98th Annual Meeting of the American Association on Mental Deficiency Perske (1974) describes the importance of helping retarded individuals learn the intricate array of interrelationships that are involved in appropriate social behavior. Perske cites the following cases which exemplify the need to deal with specific details of social situations in helping retarded citizens learn interdependent functioning.

> A young man from an institution accepted a working contract as a pot washer in a cafeteria. He learned his working routine and carried it out well. But there were some hidden parts of the interdependency that he didn't understand. He wanted the waitresses to like him, so he put his hands on their shoulders. The result was the opposite. The boss was getting angry when he heard about it. Finally, a helping person in the form of one of the waitresses took him aside and very carefully explained what it did to the waitresses when he "put his hands on the cloth." This helping person further helped him to see he didn't need to talk so loudly in order to get attention now that he was out of the institution. This waitress continued to clarify the many quid pro quo actions that he needed to understand if healthy interdependent relations as a team member in this cafeteria would be fulfilled. Three years have passed. And this young man has increased his skill of interacting with others. (p. 6)

> John liked little children. Now, at the age of 24 he stopped to visit with little children all up and down the street. In a sense, this was understandable since he had worked for ten years as a resident helper on an infant ward, changing diapers and feeding small retarded children. It was hard for him to understand that parents didn't take kindly to having a strange man stop to show kindnesses to their children. It was John's citizen advocate who had to explain why it wasn't accepted and to explain why he should be careful where he placed his hands. Every tiny aspect of an adult strange man's relationship with children on the street had to be clarified. (p. 7)

Perske concludes that case after case could be described showing the "hidden specifics that must be recognized and clarified" for

retarded individuals "by helping persons whether they be parents, vocational trainers, counselors, teachers, citizen advocates, youth advocates, fellow workers, neighbors, friends, ministers, policemen to name only a few" (Perske, 1974, p. 7). Proper personal-social behaviors need to be taught and sources of feedback need to be developed for individuals with various disabilities so that maximum interpersonal development can be achieved.

Occupational Guidance and Preparation

The need for change in the realm of occupational preparation and placement of severely handicapped individuals is evident. Examination of employment statistics reveals significant unemployment and underemployment. Frequently these individuals are job stereotyped without careful consideration being given to individual abilities, interests, and needs. The findings of Levitan and Taggart (1976) are typical; over the period of one year, 40 percent of all disabled adults were employed compared with 75 percent of the nondisabled population. Similarly, 62 percent of people with cerebral palsy are unemployed (Davis & Weintraub, 1978).

Additional findings show the average weekly earnings of employed disabled males as 22 percent lower than those of ablebodied males, again indicating substantial underemployment. Also it is reported that 85 percent of people with disabilities have incomes less than $7000, and 52 percent of these earn less than $2000 per year (Biklen & Bogdam, 1978). Emphasizing the problem of underemployment, Davis and Weinstraub (1978) state:

> Handicapped workers are more frequently hired as clerks, service workers, and laborers than are adult, nonhandicapped workers. Even taking into account that some handicapping conditions, such as mental retardation, can be expected to lead to lower skill jobs and lower income, many such handicapped people cannot obtain jobs at a level commensurate with their ability. (p. 25)

Implied in Davis and Weintraub's statement on underemployment is a related problem, the tendency to stereotype the kinds of jobs which disabled people can perform. This stereotyping, characteristic of society as a whole as well as professionals working with disabled people and disabled people themselves and their families, is a critical limitation in career development. Assuming that there are only a few

occupations in which disabled people can succeed effectively eliminates the need for self-exploration and career exploration so vital to adequate career development. Thus, opportunities for developmental experiences have been greatly curtailed. A statement in the Council for Exceptional Children Bicentennial Report (Jordon, 1976) expresses these ideas:

> For too long the concept of most educational programs has been that the handicapped individual will fit and be fitted into jobs at the skilled and unskilled level; too few handicapped individuals haye been assisted in their own choices or in their own efforts to pursue higher education and/or go into a broad range of career choices. (p. 101)

It is encouraging to see that the situation can and is being changed by more innovative approaches to job placement. Modification in the work environment is essential in creating job opportunities for severely disabled individuals. Wright (1975) mentions a number of possible ways to facilitate functioning on the job site:

> A time can be envisaged when all sorts of arrangements to enable the severely disabled to function will be taken as a matter of course. Buddy systems, in which a co-worker or other aide assists a handicapped worker, flexible work schedules and job tryouts, and many other arrangements supported by the private and public sectors of the country will become commonplace as soceity becomes more attuned to humanistic concerns and more mindful of the potential contributions of all its members. (p. 217)

V.

Recommendations

Present training in the areas of daily living, personal social and occupational skills appears inadequate in providing maximum career development for individuals with severe handicaps. Unless training in these skills is made available for this population a totally integrative approach to career development cannot be operationalized (Brolin and Kolstoe, 1978). Development of this integrative approach will involve a comprehensive array of services including total school resources, community participation and family involvement. Such an approach will require a broad interpretation of what is required in preparing an individual for community living, one that extends beyond vocational preparation to encompass independent living and personal-social concerns as well. The following recommendations are suggested as measures that will contribute toward maximum career development for handicapped citizens.

Total School Resources

- The school system can fill a unique role in systematically providing career development experiences throughout the developmental period so that handicapped persons do not reach adulthood without adequate preparation for independent living. By implementing the career education philosophy of educating the whole person, the school system can provide students with experiences specially geared to teach competencies across the three domains to individuals who have various disabilities.

  In order to meet this goal, teacher and school personnel training programs at colleges and universities must develop programs that train professionals to implement the components of career development from preschool through post-secondary education. Extensive inservice training is needed to bring teachers and student services personnel up to date on techniques that weave career development experiences for handicapped students into courses and school-related activities. Brolin and

Kolstoe (1978) state that "If provided with inservice training and support services to meet student needs, a wide variety of school personnel are willing to work with handicapped students" (p.59). Special attention needs to be directed toward providing necessary training and services.

- Schools need to utilize all available community resources in implementing a full scale career development program for students with disabilities (Brolin & Kokaska, 1979). All too often, a wealth of opportunities, expertise and manpower remains untapped both in the community and in the family unit. Utilization of these resources can involve a wide range of approaches including the use of guest speakers, field trips, work study programs, and experienced-based career education programs that combine academic studies with "hands on" experience in work settings.

  Parents and family can also play an invaluable role in providing their disabled family member with opportunities to learn a range of skills especially in the areas of daily living and personal-social skills. School personnel need to direct their efforts toward engaging business, industry, agencies, organizations and families in a cooperative endeavor to provide comprehensive career development experiences for disabled persons of all ages.

- Measures of disabled persons' career development achievement need to be developed and validated so that ability to perform the range of life skills can be accurately assessed. As Brolin and Kolstoe (1978) note, an abundance of career assessment methods and devices have flooded the market but most have not yet demonstrated their reliability and validity. Research concerning methods of evaluating individual competency in daily living, personal-social and vocational-occupational skills is needed. Accurate assessment of skills will enhance efforts to provide needed training and services to handicapped individuals.

Community Participation

- Community education, adult education, and continuing education programs offer unique settings in which to provide experiences that can fill the gaps or knowledge of skills that disabled adults may encounter, as well as provide a variety of personal enrichment opportunities. Many communities currently offer evening or weekend courses for adults in a

wide range of areas including cooking, home repair, crafts, hobbies, sports, recreational activities, interpersonal communication, assertiveness training, foreign language and basic reading, writing and math skills. With adaptions of equipment and/or instructional techniques, these same types of courses can be offered for individuals with various disabilities and special courses can be developed as needed to meet the specific concerns of disabled individuals. Such programs are springing up in communities across the nation and the apparent success of these programs suggests that adult or community continuing education programs are viable means of providing career development experiences for disabled adults. In their booklet Community Education in Community and Junior Colleges the American Association of Community and Junior Colleges (1978) states that the community college "can provide the impetus, the people, the facilities, and the ideas to get exciting programs in community education underway... they must become centers where all kinds of people can find all kinds of facilities to meet their needs" (p.12).

- Nonresidential, independent living centers provide another community-based alternative for meeting severely handicapped persons lifelong career development needs. Through these centers, which are often developed and administered by disabled consumers, handicapped persons can find an array of services geared toward the evaluation and development of independent living skills. These centers are intentionally nonresidential so that participants can experience and work through the barriers and problems of community living while training, guidance and emotional support are available from the independent living center's staff. The centers can help create a constructive and meaningful transition into fully integrated community living.

- The business and industry sector of the community can become involved with the career development of handicapped individuals on several important levels (Brolin & Kokaska, 1979). In addition to their cooperation with schools in furthering work study and experience-based career education programs which give handicapped individuals valuable "hands on" experience in work settings, business and industry is also vitally involved as employers of disabled persons. Employers' attitudes toward hiring the disabled can have far reaching effects in setting the tone

for acceptance of disabled persons in the community, as well as for the disabled applicant on an individual basis.

- The community also has a wealth of resources through the various agencies, organizations, and individuals, both disabled and able-bodied, of all ages who are involved in advocacy for handicapped and disabled persons. These organizations and individuals make substantial contributions in the essential areas of information and education, awareness building, legal rights, consumer rights and supportive one-to-one interaction. Personnel in many communities could improve career development opportunities for handicapped persons by developing or expanding advocacy components.

Family Involvement

- Family members can have significant impact on the career development of their handicapped relatives ("The Role of the Family in Rehabilitation", 1978). This potential impact exists across the life span from the competencies that parents can teach their child in the home (Brolin and Kokaska, 1979) to the supportive encouragement that a disabled person's spouse can provide. As Brolin and Kolstoe (1978) note, the families of handicapped individuals need to interface more appropriately with schools and community agencies to encourage and reinforce independent development as well as providing opportunities for their handicapped family member to learn specific skills.

- Professionals at all levels of involvement need to give special attention to the family's needs, for it is essential that the family unit not disintegrate from the stress of dealing with the handicap. Research has indicated that for a handicapped individual's family, stress can develop from a number of sources including concern about the progressive or unpredictable nature of the disability, poor communication with the handicapped relative's physician resulting in confusion about the nature of the disability and home care instructions, and financial concerns ("The Role of the Family in Rehabilitation", 1978). Individual or family counseling, participation in a supportive group for disabled person's family members and clear communication of medical information can help alleviate stress and clarify the family's role in facilitating their handicapped relative's independent functioning.

Attitudes and Awareness

Attitudes toward handicapped persons on the part of teachers, counselors, employers, legislators, parents, family, general public and handicapped persons themselves is the key factor that appears throughout the career development outlook for handicapped persons. Awareness of the psychological, social and environmental factors discussed in the first part of this paper is an essential step in expanding opportunities for handicapped persons. It is important that programs to increase public awareness continue to be developed and expanded. One such program in "handicapped relations" was developed by the Broome County Council of Rehabilitation in Binghamton, New York, to aid adults and children in achieving successful interactions with disabled persons including those with physical, mental, or sensory disabilities ("Educating Everyone in Handicap Relations", 1978). Through the program's workshops, speakers, instructional materials, role playing and skits, participants gained "how to" knowledge and skills that can help them achieve successful and comfortable interactions with disabled persons.

Fostering open-minded, flexible and creative approaches to problem solving is another facet of attitude building. As examples, through creative adaption of equipment and production techniques, increasing numbers of jobs have opened to handicapped employees; through flexible and non-stereotyped attitudes about leisure activity as an alternative to paid employment, many idle handicapped individuals have become engaged in personally satisfying and productive activities (Wilkinson, 1975).

As stereotyped notions of what the mentally retarded, cerebral palsied or physically handicapped person can accomplish as an employee or as a member of the community give way to open consideration of each individual's potential, a range of alternatives can be developed to allow severely handicapped persons to become fully functioning members of society. Full development and utilization of career development resources is a vital step in helping handicapped persons move forward to meet the challenges of independent living.

References

American Association of Community and Junior Colleges, Community education in community and junior colleges (Community Education Advisory Council Report No. 7, Department of Health, Education and Welfare). Washington, D.C.: U. S. Government Printing Office.

Appell, M. Some policies and practices in the federal sector concerning career education for the handicapped. Journal of Career Education, 1977, 3(3), 75-91.

Biklen, D., & Bogdan, R. Handicapism in America. Win, October 28, 1978.

Bowe, F. Handicapping America: Barriers to Disabled People. New York: Harper and Row, 1978.

Brolin, D. E. Value of rehabilitation services and correlates of vocational success with the mentally retarded. American Association on Mental Deficiency, 1972, 76, 644-651.

Brolin, D. E. (Ed.) Life centered career education: A competency based approach. Reston, VA: The Council for Exceptional Children, 1978.

Brolin, D. E., & Kokaska, C. J. Career education for handicapped children and youth. Columbus, OH: Charles Merrill, 1979.

Brolin, D. E., & Kolstoe, O. P. The career and vocational development of handicapped learners. Columbus, OH: The Ohio State University, 1978. (ERIC Information Series No. 135)

Davis, S. A., & Weintraub, F. J. Beyond traditional career stereotyping. Journal of Career Education, 1978, 5(1), 24-34.

Educating everyone in handicap relations. Innovations, Fall 1978, pp. 34-35.

Flanagan, W. M., & Schoepke, J. M. Lifelong learning and career development needs of the severely handicapped (Lifelong Career Development Project, Working Paper 1). Columbia, MO: University of Missouri, 1978.

Ginzberg, E., Ginsburg, S. W., Axelrad, S., & Herma, J. L. Occupational choice: An approach to a general theory. New York: Columbia University Press, 1951.

Goffman, E. Stigma: Notes on the management of spoiled identity. Englewood Cliffs, NJ: Prentice-Hall, 1963.

Goldin, G. J., Margolin, R. J., & Stotsky, B. A. Rehabilitation and the public. American Corrective Therapy Journal, 1969, 23, 86-91.

Gordon, E. W. Broadening the concept of career education. In L. McClure & C. Buan (Eds.), Essays on career education. Portland, OR: Northwest Regional Educational Laboratory, 1973.

Hamilton, K. W. Counseling the handicapped in the rehabilitation process. New York: Ronald, 1950.

Hansen, L. S., & Tennyson, W. W. A career management model for counselor involvement. Personnel and Guidance Journal, 1975, 53, 638-645.

Jaffe, J. What's in a name--attitudes toward disabled persons. Personnel and Guidance Journal, 1967, 46, 375-381.

Jordan, J. B. (Ed.). Exceptional child education at the bicentennial: A parade of progress. Reston, VA: The Council for Exceptional Children, 1976.

Levitan, S. A., & Taggart, R. Jobs for the disabled. Washington, D.C.: George Washington University Center for Manpower Policy Studies, 1976.

McDaniel, J. W. Physical disability and human behavior. New York: Pergamon Press, 1969.

Moise, L. E. Will the real advocate for retarded persons please stand up! Child Welfare, 1975, 54, 27-33.

Morgan, C. A. Placement of the severely disabled. In W. M. Jenkins, R. M. Anderson, & W. L. Dietrich (Eds.), Rehabilitation of the severely disabled. Dubuque, IA: Kendall/Hunt, 1976.

Moriarty, T. Role of stigma in the experience of deviance. Journal of Personality and Social Psychology, 1974, 6, 849-855.

Perske, B. Toward an independent life. Arlington, TX: National Association for Retarded Citizens, 1974.

Rehabilitation needs and alternatives. Rehabilitation Brief. 1978, 1(1).

Rickard, T. E., Triandis, H. C., & Patterson, C. H. Indices of employer prejudice toward disabled applicants. Journal of Applied Psychology, 1963, 47, 52-55.

Safilios Rothschild, C. The sociology and social psychology of disability and rehabilitation. New York: Random House, 1970.

Schalock, R. L., & Harper, R. S. Placement from community-based mental retardation programs: How well do clients do? American Journal of Mental Deficiency, 1978, 83, 240-247.

Scheff, T. J. (Ed.). Labeling madness. Englewood Cliffs, NJ: Prentice-Hall, 1975.

Scott, R. A. The making of blind men: A study of adult socialization. New York: Russell Sage Foundation, 1969.

Siller, J. Attitudes toward disability. In H. Rusalem & D. Malikin (Eds.), Contemporary vocational rehabilitation. New York: New York University Press, 1976.

Snell, M. Retarded adults in the community: How successful are they? Education Unlimited, 1979, 1(1), 53-54.

Sprafkin, R. P., Gershaw, N. J., & Goldstein, A. P. Teaching interpersonal skills to psychiatric outpatients: Using structured learning therapy in a community-based setting. Journal of Rehabilitation, 1978, 44(2), 26-29.

Super, D. E. The psychology of careers. New York: Harper & Row, 1957.

The Role of the Family in Rehabilitation. Rehabilitation Brief, 1978, 1(14).

Ullmann, L. P., & Krasner, L. A psychological approach to abnormal behavior. Englewood Cliffs, NJ: Prentice-Hall, 1975.

Vogel, H. D. A follow-up study of former student-patients at the Crippled Children's Hospital and School, Sioux Falls, South Dakota (Doctoral dissertation, University of South Dakota, 1974). Dissertation Abstracts International, 1975, 35, 5975A. (University Microfilms No. 75-5296, 128).

Wilkinson, M. W. Leisure: An alternative to the meaning of work. Journal of Applied Rehabilitation Counseling, 1975, 6(2), 73-77.

Wright, B. A. Physical disability--a psychological approach. New York: Harper & Row, 1960.

Wright, B. A. Social-psychological leads to enhance rehabilitation effectiveness. Rehabilitation Counseling Bulletin, 1975, 18, 214-223.

NOV 3 0 1979

ERIC Clearinghouse for Junior Colleges
96 Powell Library Building
University of California
Los Angeles, California 90024